

## **Application Data Sheet**

### **Application Information**

Application Type::	Utility
CD_ROM or CD-R?::	None
Number of CD disk::	0
Number of copies of CDs::	0
Number of copies of CRF::	0
Title::	Method of Intermittent Administration of a Pharmaceutical for the Treatment of Conditions Associated with a Female's Menstrual Cycle
Attorney Docket Number::	02911.002700.1
Total Drawing Sheets::	0

### **Applicant Information**

Applicant Authority Type::	
Primary Citizenship Country::	USA
Status::	Full Capacity
Given Name::	Boissonneault
Middle Name::	M.
Family Name::	Roger
Name Suffix::	
City of Residence::	Long Valley
State or Province of Residence::	New Jersey
Country of Residence::	USA
Street of mailing address::	5 North Bridge Drive
City of mailing address::	Long Valley
State or Province of mailing address::	New Jersey
Country of mailing address::	USA
Postal or Zip Code of mailing address::	07583
Applicant Authority Type::	

Primary Citizenship Country:: USA  
Given Name:: Tina  
Middle Name:: M.  
Family Name:: deVries  
Name Suffix::  
City of Residence:: Long Valley  
State or Province of Residence:: New Jersey  
Country of Residence:: USA  
Street of mailing address:: 20 Woodland Drive

City of mailing address:: Long Valley  
State or Province of mailing address:: New Jersey  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 07853

Applicant Authority Type::

Primary Citizenship Country:: USA  
Given Name:: Herman  
Middle Name::  
Family Name:: Ellman  
Name Suffix::  
City of Residence:: Boonton Township  
State or Province of Residence:: New Jersey  
Country of Residence:: USA  
Street of mailing address:: 2 Cliffside Way

City of mailing address:: Boonton Township  
State or Province of mailing address:: New Jersey  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 07005

Applicant Authority Type::

Primary Citizenship Country:: USA

Given Name:: Kathryn  
Middle Name:: L.  
Family Name:: MacFarlane  
Name Suffix::  
City of Residence:: Morristown  
State or Province of Residence:: New Jersey  
Country of Residence:: USA  
Street of mailing address:: 22 Windmill Drive

City of mailing address:: Morristown  
State or Province of mailing address:: New Jersey  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 07960

Applicant Authority Type::

Primary Citizenship Country:: USA  
Given Name:: Kelly  
Middle Name:: F.  
Family Name:: Smith  
Name Suffix::

City of Residence:: Mountain Lakes  
State or Province of Residence:: New Jersey  
Country of Residence:: USA  
Street of mailing address:: 23 Sherwood Drive

City of mailing address:: Mountain Lakes  
State or Province of mailing address:: New Jersey  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 07046

### **Correspondence Information**

Correspondence Customer Number:: 5514

**Representative Information**

Representative Customer Number::	05514
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-part of	10/639,891	08/12/2003